ATS Test Scenario 4 Taxpayer: Henry Dawson SSN: 400-00-1045

Test Scenario 4 includes the following forms:

- Form 1040
- Form W-2
- Form 1040 Schedule 3
- Form 5695

Additional Information:

- Assume the "JointOccupancyStatement" is attached.
- Assume the amount on Form 5695, Line 18b is correct.

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn 2	20 2	4	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or staple i	n this space.
For the year Jan. 1-Dec. 31, 2024, or other tax year beginning				, 2024, ending , 20				See se	See separate instructions.			
Your first name and middle initial Last i				name						Your social security number		
Henry Da				wson						400	00 10)45
If joint return, spouse's first name and middle initial Last na				name						Spouse's social security number		
1901 Canal Street						Check	here if you,	•				
	ost offic	ce. If you have a foreign address, also co	mplete	spaces below	<i>i</i> .	Sta		ZIP co			this fund.	tly, want \$3 Checking a
Scranton							185		_	low will not	change	
Foreign country	name			Foreign prov	rince/state/c	count	У	Foreig	n postal code	your ta	x or refund.	Spouse
Filing Status	V	Single	10		100		Head	of hou	sehold (HC)H)		
		Married filing jointly (even if only or	ne had	d income)	1/1							
Check only one box.	Page 1	Married filing separately (MFS)			VI		Qualify	ying su	urviving spo	ouse (QS	S)	
	lf y	you checked the MFS box, enter the	name	of your spo	use. If you	che	ecked the HOH	or Q	SS box, en	ter the ch	ild's name	if the
	qu	alifying person is a child but not you	ur dep	endent:	*****							
		If treating a nonresident alien or du	_			U.S.	resident for th	e entir	e tax year,	check th	e box and	enter
		their name (see instructions and at	tach s	statement if r	equired):							
Digital	At ar	ny time during 2024, did you: (a) rece	eive (a	s a reward, a	award, or p	payn	nent for prope	rty or s	services); o	r (b) sell,		
Assets	exch	ange, or otherwise dispose of a digi	ital as	set (or a finar	ncial intere	est in	n a digital asse	t)? (Se	e instruction	ons.)	☐ Yes	✓ No
Standard	_	eone can claim: 🔲 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return or you were a dual-status alien										
Age/Blindness	You:	Were born before January 2, 1	960	Are blind	d Spo	use	: Was bor	n befo	re January	2, 1960	☐ Is bli	ind
Dependents	(see	instructions):	W	(2) Soc	cial security	1	(3) Relationsh	ip (4) Check the	box if qual	ifies for (see	instructions):
If more	(1) Fi	rst name Last name		nı	umber	100	to you		Child tax	credit	Credit for oth	ner dependents
than four											[
dependents, see instructions					1			_			[
and check					1			_			L	
here	4	Tabel	1 /-		1	_	-	-		Ta	<u> </u>	
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re							-	. 1t		
Attach Form(s)	C	Tip income not reported on line 1a	•	` '						. 10	-	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•						10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f			-		17			16	_	
was withheld.	f	Employer-provided adoption bene								. 11		
If you did not	g	Wages from Form 8919, line 6 .								. 19		
get a Form W-2, see	h	Other earned income (see instruction								. 11	1	
instructions.	i	Nontaxable combat pay election (s	see ins	structions) .			<u>li</u>					
		· · · · · · · · · · · · · · · · · · ·	 . l		· i ·					. 12	_	
Attach Sch. B if required.	2a	· -	2a				axable interest			. 2t		
	3a 4a		3a 4a				rdinary divide axable amoun			. 3t	_	
Standard	5a		5a				axable amoun			. 5t	_	
Deduction for— Single or	6a		6a				axable amoun			. 6t	_	
Married filing separately,	C	If you elect to use the lump-sum e		n method, ch								
\$14,600	7	Capital gain or (loss). Attach Schee			`	•	·					
Married filing jointly or	8	Additional income from Schedule	1, line	10						. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is you	r total inc	ome	e			. 9		
\$29,200 • Head of	10	Adjustments to income from Sche								. 10		
household, \$21,900	11	Subtract line 10 from line 9. This is	-	-						. 11	_	
If you checked	12	Standard deduction or itemized		,		•				12	_	
any box under Standard	13 14	Qualified business income deducti Add lines 12 and 13						2. 4		13		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					axable incom			15		
			J J. K		y	1		- '				

Form 1040 (2024))								Page 2
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 🔲 881	4 2 🗌 4972 :	3 🔲	5000 28 J	16	
Credits	17	Amount from Schedule 2, line	3				(E) (E)	17	
	18	Add lines 16 and 17 .					· ·	18	
	19	Child tax credit or credit for o	ther dependent	s from Sched	ule 8812 , , ,		810 UK	19	
	20	Amount from Schedule 3, line	8 8	60 E E E E	1 28 28 / SEC 15 EI		(8) K	20	,
	21	Add lines 19 and 20	36 (8 39) 595		F (8 34) (85 6) 8	* * * * *	1005 0	21	,
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0-	F 24 19 240 (46 A2	X X X X X	(80 (80)	22	
	23	Other taxes, including self-em	nployment tax,	from Schedule	2, line 21		W. K.	23	
	24	Add lines 22 and 23. This is y	our total tax			4/. 4/		24	
Payments	25	Federal income tax withheld f	from:						
-	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)	e e er er	60 8 8 A A		25c			
	d/	Add lines 25a through 25c .	A 1 / 1 - 10					25d	
If you have a	26	2024 estimated tax payments	and amount a	oplied from 20	23 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .	a a lugae		s a 28	27			
ditaci con. Lio.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit for	rom Form 8863	, line 8 . .		29			
	30	Reserved for future use	and the same of th		The state of the s	30			
	31	Amount from Schedule 3, line	1000		The second secon	31			
	32	Add lines 27, 28, 29, and 31.					21 1	32	,
	33	Add lines 25d, 26, and 32. Th				7	1987 - 67	33	
Refund	34	If line 33 is more than line 24,				•	192 6	34	
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888				35a	
Direct deposit? See instructions.	b	Routing number			c Type:	Checking US	Savings		
	d	Account number		0005			7.		
	36	Amount of line 34 you want ap	100			36	-		
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	3000						
Tou Owe	38	Estimated tax penalty (see ins			1	38	101 1	37	
Third Party		you want to allow another							
Designee		lucialisma de la companya della companya de la companya della comp			with the Ins:		mplete be	low.	□No
200.g.100	Des	signee's		Phone		Perso	nal identific	ation _	_
	nan			no.			er (PIN)		
Sign		der penalties of perjury, I declare that ef, they are true, correct, and comp		The second secon					, ,
Here			lotor Boolaration			ou on an imorriado	1,000		you an Identity
	YOU	Your signature		Date	Your occupation				, enter it here
Joint return?								st.)	
See instructions.	Spo	ouse's signature. If a joint return, b o	oth must sign.	Date	Spouse's occupation	n			your spouse an
Keep a copy for your records.							Identity (see in:	·	tion PIN, enter it here
	Dhe	one no.		Email address			1,000	, <u> </u>	
5		1	Preparer's signati		1	Date	PTIN	10	Check if:
Paid								`	Self-employed
Preparer	Fire	Firm's name Phon					Phone	no L	
Use Only		Firm's address Firm's)
Go to www.irs.go		11040 for instructions and the latest	t information.				1 3		Form 1040 (2024)

	a Employee's social security nu 400-00-1045	omber OMB No. 15	45-0008	Safe, accurate, FAST! Use		e IRS website at rs.gov/efile.		
b Employer identification number (EIN)	1 Waq	ges, tips, other compensation	2 Federal income tax withheld				
00-0000029				141,390	26,900			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld			
Sparking Pool Des	signs			141,390	8,766			
388 Main Street			5 Me	dicare wages and tips	6 Medicare tax wit	6 Medicare tax withheld		
Scranton, PA 185	ne			141,390	2,050			
Sciamon, FA 165	56		7 Soc	cial security tips	8 Allocated tips			
d Control number			9		10 Dependent care	10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 No	11 Nonqualified plans 12a See instructions				
					o d e			
Henry Dawson			13 Stati	utory Retirement Third-party loyee plan sick pay	12b			
1901 Canal Stree	•				ē			
	=		14 Other 12c					
Scaranton, PA 18	508				o d e			
					12d			
				d e				
f Employee's address and ZIP code								
15 State Employer's state ID numb					19 Local income tax	20 Locality name		
PA 00-0000011	141,390	12,	100					

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2024

Attachment
Sequence No. 03

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR			ial security number					
Hen	400-00)-1045						
Par	Part I Nonrefundable Credits							
1	Foreign tax credit. Attach Form 1116 if required		1					
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2					
3	Education credits from Form 8863, line 19		3					
4	Retirement savings contributions credit. Attach Form 8880		4					
5a	Residential clean energy credit from Form 5695, line 15	[5a					
b	Energy efficient home improvement credit from Form 5695, line 32	[5b					
6	Other nonrefundable credits:							
а	General business credit, Attach Form 3800 6a							
b	Credit for prior year minimum tax. Attach Form 8801 6b							
С	Adoption credit. Attach Form 8839							
d	Credit for the elderly or disabled. Attach Schedule R 6d							
е	Reserved for future use							
f	Clean vehicle credit. Attach Form 8936							
g	Mortgage interest credit. Attach Form 8396							
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h							
i	Qualified electric vehicle credit. Attach Form 8834 6i							
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j							
k	Credit to holders of tax credit bonds. Attach Form 8912 6k							
	Amount on Form 8978, line 14. See instructions 61							
m	Credit for previously owned clean vehicles. Attach Form 8936 6m							
Z	Other nonrefundable credits. List type and amount:							
7	Total other nonrefundable credits. Add lines 6a through 6z		7					
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 2	20 .	8					
	Other Payments and Refundable Credits							
9	Net premium tax credit. Attach Form 8962		9					
10	Amount paid with request for extension to file (see instructions)		10					
11	Excess social security and tier 1 RRTA tax withheld		11					
12	Credit for federal tax on fuels. Attach Form 4136		12					
13	Other payments or refundable credits:							
a	Form 2439							

Other refundable credits (see instructions):

14

Deferred amount of net 965 tax liability (see instructions)

Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31

Total other payments or refundable credits. Add lines 13a through 13z

13b

13c

13d

13z

14

15

Department of the Treasury Internal Revenue Service

Part I

13

14

15

16

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form5695 for instructions and the latest information. OMB No. 1545-0074 Attachment

Sequence No. 75

Name(s) shown on return Your social security number Henry Dawson 400 1045

Residential Clean Energy Credit (See instructions before completing this part.) Note: Skip lines 1 through 11 if you only have a credit carryforward from 2023. Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions. ZIP code Number and street Unit no. City or town State 1 Qualified solar electric property costs 1 2 2 Qualified solar water heating property costs 3 3 Qualified small wind energy property costs Qualified geothermal heat pump property costs 4 Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit 5a ☐ Yes ☐ No b If you checked the "Yes" box, enter the qualified battery technology costs 5b Add lines 1 through 5b 6a Multiply line 6a by 30% (0.30) 6b 7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your 7a ☐ Yes ☐ No If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11. **b** Enter the complete address of the main home where you installed the fuel cell property. Unit no. City or town State ZIP code Number and street If the special rule for joint occupants applies, check here $\ \square$ and attach a statement. (See instructions.) 8 Qualified fuel cell property costs 8 9 Multiply line 8 by 30% (0.30) 10 Kilowatt capacity of property on line 8 above . 11 Enter the smaller of line 9 or line 10 . 11 12 Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16 12

Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit

Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on

Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15

Add lines 6b, 11, and 12 . .

Worksheet. (See instructions.) . .

16

13

14

15

Part II Energy Efficient Home Improvement Credit

Section	on A—Qualified Energy Efficiency Improveme	ents						
17a	Are the qualified energy efficiency improvement United States? (See instructions.)		led in or on your mair	n home	ocated in the	17a	✓ Yes	□No
b	Are y '' ric' er c'' alifie energy	'nc'	impro en inchin			17h	Yes	□ No
С	Are the components reasonably expected to really you checked the "No" box for line 17a, 17 improvement credit. Do not complete Part II, S	emain in us b, or 17c,	e for at least 5 years?	energy	efficient home	17c	✓ Yes	□ No
d	Enter the complete address of the main home	where you	made the qualifying im	proveme	ents.			
е	Caution: You can only have one main home at a time. (See instructions.) 1901 Ca Str t							✓ No
	into the home							
18 a	Insulation or air sealing material or system. Enter the cost of insulation material or system system) specifically and primarily designed to home that meets the criteria established by the IE	reduce hea	at loss or gain of your	18a	10,500			
b	Multiply line 18a by 30% (0.30). Enter the resul	ts. Do r	onter more that \$1,20		. 4	18b		600
19 a b c d	Exterior doors that meet the applicable Energy Star requirements. Enter the cost of the most expensive door you bought							
e	Multiply line 19c by 30% (0.30)			19d		19e		
20 a	Windows and skylights that meet the Energy Star certification requirements.							
b	Multiply line 20a by 30% (0.30). Enter the resul		enter more than \$600			20b		
Section	on B—Residential Energy Property Expenditu	res						
21a	Did you incur costs for qualified energy prope the United States?	rty installed	d on or in connection v	with a ho	me located in	21a	✓ Yes	☐ No
b	Was the qualified energy property originally pla					21b	✓ Yes	☐ No
	If you checked the "No" box for line 21a or energy property costs. Skip lines 22 through 25			dit for yo	our residential			
С	Enter the complete address of each home who	ere you inst	alled qualified energy p	property.				
	Number and street	Unit no.	City or town	State	ZIP code			
	1901 Canal Street		Scranton	PA	18508			
22	Residential energy property costs (include lab assembly, and original installation). (See instruc		or onsite preparation,					
а	Enter the cost of central air conditioners .			22a	2,366			
b	Multiply line 22a by 30% (0.30). Enter the resul			1 1		22b		
23a b	Enter the cost of natural gas, propane, or oil w Multiply line 23a by 30% (0.30). Enter the resul			23a		23b		
24a	Enter the cost of natural gas, propane, or oil fu			24a				
b	Multiply line 24a by 30% (0.30). Enter the resul					24b		

Page 2

Form 5695 (2024) Page **3**

Section B—Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards,			
	branch circuits, or feeders			
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600 .	25b		
26	Home energy audits.			
а	Did you incur costs for a home energy audit that included an inspection of your main home located in			
	the United States and a written report prepared by a certified home energy auditor? (See instructions.)	26a	☐ Yes	✓ No
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.			
b	Enter the cost of the home energy audits			
С	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c		
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c			
28	Enter the smaller of line 27 or \$1,200	28		
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
а	Enter the cost of electric or natural gas heat pumps			
b	Enter the cost of electric or natural gas heat pump water heaters 29b			
С	Enter the cost of biomass stoves and biomass boilers			
d	Add lines 29a, 29b, and 29c			
е	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e		
30	Add lines 28 and 29e	30		
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit	1	ľ	
	Limit Worksheet. (See instructions.)	31		
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this	1		
	amount on Schedule 3 (Form 1040), line 5b	32		
а	If the special rule for joint occupants applies, check here / and attach a statement, (See instructions.)		ľ	

Form **5695** (2024)

DO NOT FILE

1y 2, 20